

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State/Territory: Maryland

- (1) Specifies the frequency with which the data exchanges required in §433.138(d)(1), (d)(3) and (d)(4) and the diagnosis and trauma code edits required in §433.138(e) are conducted:

A. Health Insurance Information

Applications for assistance filed with local departments of social services:

1. All applicants for Public Assistance and Medical Assistance, with the exception of applicants for Supplemental Security Income, report health insurance information at each application and redetermination of eligibility.
2. All application forms contain questions about health insurance.
3. Information is conveyed daily to the Division of Medical Assistance Recoveries on the Insurance Reporting Form prepared by the eligibility technician in the local department of social services during the eligibility interview and/or from the written application form.
  - a. Information includes known or potential health insurance, employment and union affiliation.
  - b. Information is requested for the applicant and absent parent(s), as appropriate.
  - c. The Insurance Reporting Form is used for both Public Assistance and Medical Assistance cases.

Applications for Supplemental Security Income filed with the Social Security Administration (1634 agreement):

1. All applicants for Supplemental Security Income report health insurance information at application.

2. Maryland has an agreement in place with the Social Security Administration for that agency to gather health insurance lead information and forward the information monthly to the Division of Medical Assistance Recoveries.

Automated data match with Blue Cross and Blue Shield of Maryland:

Quarterly match of Medical Assistance recipient file with Blue Cross and Blue Shield subscriber and dependent files.

B. SWICA and SSA Wage and Earnings files

Information is available daily to the local departments of social services through IEVS. Eligibility technicians check the IEVS system for information on the absent parent's employment and refer the absent parent to the local IV-D unit for further investigation. The IV-D unit refers potential health insurance resources to the Division of Medical Assistance Recoveries for validation.

C. State IV-A Agency

Information is obtained daily by the eligibility technicians in the local departments of social services at time of application and redetermination. The technicians refer potential health insurance resources to the Division of Medical Assistance Recoveries for validation.

D. State Worker's Compensation Commission

1. The State Worker's Compensation Commission provided an initial display of its full automated file.
2. The Commission sends a quarterly list of accretions to the file to the Division of Medicaid Information Systems.

E. State Motor Vehicle Accident Report Files

The Department of Health and Mental Hygiene attempted to get an agreement with the Division of Motor Vehicles to conduct data matches at no cost to the Medicaid Program. The Division of Motor Vehicles has instituted a 2 and 1/2 cent charge for each record and would make no exception for the Medicaid Program. The TPL Program did not think this was cost effective because the matches have identified no

cases which have not been identified by other sources. The cost of the match to the Program would be approximately \$20,000 a year; therefore, the cost of the match is not considered to be cost effective.

F. Diagnosis and Trauma Code Edits

The Medicaid Management Information System produces a monthly list of payments made for Medicaid recipients that contain certain diagnosis codes from 800 through 999 (ICDCM, International Classification of Disease). The Health Care Financing Administration (HCFA) has approved a diagnosis and trauma code waiver for certain codes. These codes are on file at the State Agency and also at the HCFA Region III office.

- (2) Describes the methods the agency uses for meeting the follow-up requirements contained in §433.138(g)(1)(i) and (g)(2)(i):

Applications for assistance filed with local departments of social services and applications for Supplemental Security Income filed with the Social Security Administration

A. Validation Process

1. Blue Cross and Blue Shield of Maryland - quarterly data match.

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2. Other health insurance carriers - written inquiry (validation form) mailed to carrier.

B. Incorporation of validated information

1. Blue Cross and Blue Shield of Maryland

Data match response is processed by the Division of Medicaid Information Systems and automatically updates the Master Eligibility File and the Third Party Liability and Benefit Recovery Subsystem and generates a printout to the Division of Medical Assistance Recoveries for creation of a hardcopy case file.

2. Other carriers

- a. Information on returned validation form is converted to keychart for entry by the Division of Medical Assistance Recoveries' personnel on the master eligibility file and the Third Party Liability and Benefit Recovery Subsystem.

- b. Hardcopy case file is created with referral form, validation form and proofed keychart.

C. Timeframe for incorporation

1. All validated information is incorporated within 30 days of receipt.
2. The Division of Medicaid Information Systems-entered information: timeliness of entry is validated by run dates of data match and systems update.
3. The Division of Medical Assistance Recoveries-entered information: timeliness of entry is validated by the system-generated data entry date on the Third Party Liability and Benefit Recovery Subsystem when entry is keyed.

D. System for tracking timeliness of follow-up

1. All carriers: Lead information is dated on receipt.
2. All carriers except Blue Cross and Blue Shield of Maryland

- a. Manually prepared inquiry letters are tickled for follow-up action. Inquiries are coded with julian dates for pulling and sending follow-up requests.
  - b. Returned validation forms with health insurance information are date-stamped and matched with referral forms for case file creation and keycharting.
  - c. Systems-generated data entry date is entered on Third Party Liability and Benefit Recovery Subsystem when data are keyed.
3. Blue Cross and Blue Shield of Maryland - validated by run dates of data match and systems update.

WICA and SSA Wage and Earnings files

A. Identification

1. Information is checked against Third Party Liability and Benefit Recovery Subsystem to eliminate exact duplicates.
2. Validation process for unduplicated information
  - a. Telephonic or written inquiry to recipient, absent parent or employer, if appropriate, to identify carrier.
  - b. Blue Cross and Blue Shield of Maryland - quarterly data match will validate coverage.
  - c. Other carrier - written inquiry (validation form) is mailed to carrier.

B. Incorporation of validated information

1. Blue Cross and Blue Shield of Maryland

Data match response is processed by the Division of Medicaid Information Systems and automatically updates the Master Eligibility File and the Third Party Liability and Benefit Recovery Subsystem and generates a printout to the Division of Medical Assistance Recoveries for creation of a hardcopy case file.

2. Other carriers

- a. Information on returned validation form is converted to keychart for entry by the Division of Medical Assistance Recoveries' personnel on the Master Eligibility File and the Third Party Liability and Benefit Recovery Subsystem.
- b. Hardcopy case file is created with referral form, validation form and proofed keychart.

C. Timeframe for incorporation

1. All validated information is incorporated within 30 days of receipt.
2. The Division of Medicaid Information Systems-entered information: timeliness of entry is validated by run dates of data match and systems update.
3. The Division of Medical Assistance Recoveries-entered information: timeliness of entry is validated by the system-generated data entry date on the Third Party Liability and Benefit Recovery Subsystem when entry is keyed.

D. System for tracking timeliness of follow-up

1. Dates of telephonic inquiries are documented on case action summaries.
2. Manually-prepared inquiry letters are tickled for follow-up inquiries.
3. Returned inquiry letters with third party lead information are date-stamped and matched with inquiry letters for issuance of validation forms to health insurance carrier.
4. All carriers: Lead information is dated on receipt.
5. All carriers except Blue Cross and Blue Shield of Maryland
  - a. Manually prepared inquiry letters are tickled for follow-up action. Inquiries are coded with julian dates for pulling and sending follow-up requests.

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- b. Returned validation forms with health insurance information are date-stamped and matched with referral forms for case file creation and keycharting.
  - c. Systems-generated data entry date is entered on Third Party Liability and Benefit Recovery Subsystem when data are keyed.
6. Blue Cross and Blue Shield of Maryland - validated by run dates of data match and systems update.

State IV - A Agency

## A. Identification

- 1. Information is checked against Third Party Liability and Benefit Recovery Subsystem to eliminate exact duplicates.
- 2. Validation process for unduplicated information
  - a. Telephonic or written inquiry to recipient, absent parent or employer, if appropriate, to identify carrier.
  - b. Blue Cross and Blue Shield of Maryland - quarterly data match will validate coverage.
  - c. Other carrier - written inquiry (validation form) is mailed to carrier.

## B. Incorporation of validated information

- 1. Blue Cross and Blue Shield of Maryland

Data match response is processed by the Division of Medicaid Information Systems and automatically updates the Master Eligibility File and the Third Party Liability and Benefit Recovery Subsystem and generates a printout to the Division of Medical Assistance Recoveries for creation of a hardcopy case file.

- 2. Other carriers

- a. Information on returned validation form is converted to keychart for entry by the Division

of Medical Assistance Recoveries' personnel on the master eligibility file and the Third Party Liability and Benefit Recovery Subsystem.

- b. Hardcopy case file is created with referral form, validation form and proofed keychart.

C. Timeframe for incorporation

1. All validated information is incorporated within 30 days of receipt.
2. The Division of Medicaid Information Systems-entered information: timeliness of entry is validated by run dates of data match and systems update.
3. The Division of Medical Assistance Recoveries-entered information: timeliness of entry is validated by the system-generated data entry date on the Third Party Liability and Benefit Recovery Subsystem when entry is keyed.

D. System for tracking timeliness of follow-up

1. Dates of telephonic inquiries are documented on case action summaries.
2. Manually-prepared inquiry letters are tickled for follow-up action.
3. Returned inquiry letters with third party lead information are date-stamped and matched with inquiry letters for issuance of validation forms to health insurance carrier.
4. All carriers: Lead information is dated on receipt.
5. All carriers except Blue Cross and Blue Shield of Maryland
  - a. Manually prepared inquiry letters are tickled for follow-up action. Inquiries are coded with julian dates for pulling and sending follow-up requests.
  - b. Returned validation forms with health insurance information are date-stamped and matched with referral forms for case file creation and



keycharting.

- c. Systems-generated data entry date is entered on Third Party Liability and Benefit Recovery Subsystem when data are keyed.

6. Blue Cross and Blue Shield of Maryland - validated by run dates of data match and systems update.

State Workers Compensation Commission

A. Identification

1. State Worker's Compensation Commission file is run against the Medicaid Master Eligibility File for matches by Social Security Number.
2. All matches are checked against the Third Party Liability and Benefit Recovery Subsystem to eliminate exact duplicates.
3. A dated printout containing all unduplicated entries is sent to the Division of Medical Assistance Recoveries for follow-up inquiries to recipient and employer to verify legal liability.

B. Incorporation of validated information

1. A keychart is prepared and data are entered by the Division of Medical Assistance Recoveries' personnel on the Master Eligibility File and the automated Third Party Liability and Benefit Recovery Subsystem.
2. A hardcopy case file is created with correspondence, medical payments and proofed keychart.

C. Timeframe for incorporation

1. All validated information is incorporated within 30 days of receipt.
2. Timeliness of data entry is validated by the system-generated data entry date on the Third Party Liability and Benefit Recovery Subsystem when the entry is keyed.

D. System for tracking timeliness of follow-up

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1. Lead information from Worker's Compensation Commission records is processed for match against the Master Eligibility File and the Third Party Liability and Benefit Recovery Subsystem by the Division of Medicaid Information Systems. After the file match is completed, a dated printout of unduplicated entries is provided to the Division of Medical Assistance Recoveries.
  2. Manually-prepared inquiry letters are tickled for follow-up action.
  3. Returned inquiry letters with third party information are date-stamped and matched with inquiry letters for case file creation and key-charting.
  4. A system-generated data entry date is entered on the Third Party Liability and Benefit Recovery Subsystem when data are keyed.
- (3) Describes the methods the agency uses for following up on information obtained through the State motor vehicle accident report file data exchange required under §433.138(d)(4)(ii) and specifies the time frames for incorporation into the eligibility case file and into its third party data base and third party recovery unit of all information obtained through the followup that identifies legally liable third party resources:

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the Master Eligibility File and the automated Third Party Liability and Benefit Recovery Subsystem.

2. A hardcopy case file is created with correspondence, medical payments and proofed keychart.

C. Timeframe for incorporation

1. All validated information is incorporated within 30 days of receipt.
2. Timeliness of data entry is validated by the system-generated data entry date on the Third Party Liability and Benefit Recovery Subsystem when the entry is keyed.

D. System for tracking timeliness of follow-up

1. Lead information from Maryland Department of Transportation, Motor Vehicle Administration, is processed for match against the Master Eligibility File and the Third Party Liability and Benefit Recovery Subsystem by the Division of Medicaid Information Systems. After the file match is completed, a dated printout of unduplicated entries is provided to the Division of Medical Assistance Recoveries.
2. Manually-prepared inquiry letters are tickled for follow-up action.
3. Returned inquiry letters with third party information are date-stamped and matched with inquiry letters for case file creation and key-charting.
4. A system-generated data entry date is entered on the Third Party Liability and Benefit Recovery Subsystem when data are keyed.

- (4) Describes the methods the agency uses for following up on paid claims identified under §433.138(e) (methods include a procedure for periodically identifying those trauma codes that yield the highest third party collections and giving priority to following up on those codes) and specifies the time frames for incorporation into the eligibility case file and into its third party data base and third party recovery unit of all information obtained through the followup that identifies legally liable third party resources.

**A. Identification**

1. The Medicaid Management Information System produces an inquiry letter to the recipient requesting information on liable third parties. Letters are produced only for recipients with diagnosis codes which have not been waived pursuant to 4.22-A(1)F who are not already identified as having an outstanding trauma code-based inquiry or a known trauma code-based liable third party, as recorded in the Third Party Liability and Benefit Recovery Subsystem.

**B. Incorporation of validated information**

1. A keychart is prepared and data are entered by the Division of Medical Assistance Recoveries' personnel on the Master Eligibility File and the automated Third Party Liability and Benefit Recovery Subsystem.
2. A hardcopy case file is created with correspondence, medical payments and proofed keychart.

**C. Timeframe for incorporation**

1. All validated information is incorporated within 30 days of receipt.
2. Timeliness of data entry is validated by the system-generated data entry date on the Third Party Liability and Benefit Recovery Subsystem when the entry is keyed.

**D. System for tracking timeliness of follow-up**

1. System-generated inquiry letters are tickled for manual follow-up action.
2. Returned inquiry letters with third party information are date-stamped and matched with inquiry letters for case file creation and key-charting.
3. A system-generated data entry date is entered on the Third Party Liability and Benefit Recovery Subsystem when data are keyed.

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